

REGULAR RENEWAL GRANT APPLICATION

FOR THE CHILDREN OF TARGETED ACTIVISTS **CURRENTLY** RECEIVING SUPPORT

Please Note: The RFC Board of Directors makes all granting decisions. The postmark deadline for applications is **March 21** for spring grants and **October 13** for fall grants. Send the completed application to the above email or address. *For questions, please call us (see above) or refer to the Basic Information Sheet.*

1. A. Name and contact information for person completing this form:

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Telephone: home (_____) _____ cell (_____) _____ *

* In the future, would you be interested in receiving text reminders about applications at this number? YES NO

Are you the activist? YES NO (If no, what is your relationship to the activist?: _____)

Are you the sole legal guardian of this child? YES NO (if NO, please complete section C)

Signed _____

Date _____

B. Name, gender and birth date of child to receive these services:

Name _____

Date of birth ____/____/____

Gender: _____

NOTE: Any child 12-years-old or older should sign this application. (Required for Carry it Forward award.)

Signed _____

Date _____

C. Name and address of the legal guardian (Note: All legal guardians must consent to & sign application):

Name _____

Address _____

street city state zip code

Email _____

Telephone: home (_____) _____

cell (_____) _____

Signed _____

Date _____

D. Name and address of activist (if other than person completing this form).

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Telephone: home (_____) _____ work (_____) _____

cell (_____) _____

Signed _____

Date _____

Please answer the following on a separate piece of paper and in as much detail as is comfortable:

2. What effect is the targeting experienced by the activist parent(s) currently having on this child? The impact could be emotional, physical, financial, etc. Please note how the targeting may be impeding the parent's current capacity to provide for the child.

3. What are the current circumstances of the activist parent(s) including finances, work, health, and living situation. Include any current targeting and/or activism. If the child is not living with the activist parent, please indicate why and describe their relationship.

4. Type of Request (Please check all that apply):

- Regular Grant**
- \$600 Carry it Forward award (CIF)***
- Attica Grant** (Complete Attica Fund Prison Visit Program application. Skip questions 5 and 6 below if you are only applying for the Attica Fund Prison Visit Program grant.)

*CIF applicants: please indicate **year in college or expected date of completion** for other training programs and the **name of your college or university**:

5A. Provider info. (Whoever will provide the services that we are paying for, i.e. school, therapist, camp, etc.)

NOTE: Maximum of two providers per child. Grants will usually be made directly to institutions or providers. If you are requesting a computer, a completed Computer Request Form **MUST** be submitted with your application (available at www.rfc.org/application).

Please check this box if this is a provider who we have NOT previously funded or worked with. (If box is checked, please include information for 5B.)

Name: _____	Nature of Service Provided (<i>school, camp, music, counseling, etc.</i>):
Address: _____	_____
_____	Email: _____
Phone: (____) _____	Website: _____

Amount: \$ _____ Start date: _____ End Date: _____ Any payment deadline we should know about?

Please check this box if this is a provider who we have NOT previously funded or worked with. (If box is checked, please include information for 5B.)

Name: _____	Nature of Service Provided (<i>school, camp, music, counseling, etc.</i>):
Address: _____	_____
_____	Email: _____
Phone: (____) _____	Website: _____

Amount: \$ _____ Start date: _____ End Date: _____ Any payment deadline we should know about?

NOTE: If you do not list a provider at the time of application, you may not receive the amount requested.

5B. Provider Letter: Only for **new providers**. Please include a letter from the provider indicating that they are aware of this application and are able to work with the RFC.

5C. Do you have a **non-professional relationship** with either providers listed above, such as familial ties or friendship? Yes No If yes, please specify: _____

PLEASE NOTE: CIF Awards are \$600. Maximum grant amount is \$2,000 per child, per cycle with a \$3,000 yearly limit AND a maximum of \$7,500 per family per granting cycle.

6A. If your total request for this child is \$1,500 or more, please explain why this amount is needed:

6B. List any other sources of financial support for these services:

Please attach an additional sheet if the space provided for the answer to any question is inadequate.

RETURN TO: Rosenberg Fund for Children, 116 Pleasant Street, Suite 348, Easthampton, MA 01027 **OR:** granting@rfc.org

FEEL FREE TO CONTACT US FOR ASSISTANCE. WE ARE HERE TO SUPPORT YOU IN THIS PROCESS